



**North Carolina Department of Health and Human Services
Division of Aging and Adult Services**

2101 Mail Service Center • Raleigh, North Carolina 27699-2101

Tel 919 733-3818 • Fax No. 919 715-0023

Michael F. Easley, Governor
Dempsey Benton, Secretary

Dennis W. Streets, Director
919-733-3983

October 9, 2007

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

**ATTENTION: SPECIAL ASSISTANCE SUPERVISORS
SPECIAL ASSISTANCE CASEWORKERS
ADULT SERVICES SUPERVISORS AND PROGRAM MANAGERS**

**SUBJECT: SPECIAL ASSISTANCE ADULT CARE HOME TRAINING EVENTS
SPECIAL ASSISTANCE IN-HOME TRAINING EVENTS**

The NC Division of Aging and Adult Services will offer six regional training events for State/County Special Assistance in addition to the training dates announced in the Dear Director letter AFS-16-2007. Two will be offered over two days, with the first day for Special Assistance Adult Care Home training, and the second day for Special Assistance In-Home training. Three one-day events will provide SA/Adult Care Home training only. There will also be a separate one-day event for Special Assistance In-Home training only.

The one-day SA/In-Home workshop is designed specifically for SA/In-Home caseworkers, SA supervisors, Adult Services SA/In-Home case managers and adult services supervisors. There will be two major areas of training: (1) SA/In-Home eligibility and (2) SA/In-Home Case Management. There will be an emphasis on the collaborative process required between the SA/IH caseworker and the SA/IH case manager in order to have a successful outcome.

The one-day SA/Adult Care Home workshop is designed specifically for SA/Adult Care Home caseworkers and SA supervisors. There will be two major areas of training: (1) SA/Adult Care Home eligibility and (2) SA/Adult Care Home monitoring findings of error-prone areas.

It is very important for all SA eligibility staff to participate in the SA/Adult Care Home training. Both SA eligibility staff and Adult Services staff should participate in the SA/In-Home training, especially staff and counties new to the SA/In-Home Program.

The workshops are scheduled at the locations indicated below. Please note the specific dates for SA/In-Home and SA/Adult Care Home training and register accordingly.

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Lenoir County Cooperative Extension Auditorium 1791 Hwy 11 55 Kinston, NC 28504 *Announced in DCD Letter AFS-16-2007	SA/Adult Care Home Friday October 19, 2007
Jackson County DSS 15 Griffith Street Sylva, NC 28779 *Announced in DCD Letter AFS-16-2007	SA/Adult Care Home Thursday October 25, 2007
Lee County DSS 530 Carthage St. Sanford NC 27330 *Announced in DCD Letter AFS-16-2007	SA/Adult Care Home Tuesday December 4, 2007
Wake County Human Services 220 Swinburne St Raleigh, NC 27610	SA/In-Home Thursday December 13, 2007
New Hanover County DSS 1650 Greenfield St. Wilmington, NC 28401	SA/Adult Care Home Friday February 1, 2008
Union County DSS 1212 W. Roosevelt Blvd Monroe, NC 28110	SA/Adult Care Home Friday February 8, 2008
Person County DSS 355B Madison Blvd Roxboro, NC 27573	SA/Adult Care Home Friday February 15, 2008
Martin Community College 1161 Kehukee Park Road Williamston, NC 27892-4425	SA/Adult Care Home Thursday February 21, 2008 SA/In-Home Friday February 22, 2008
Western Piedmont Community College Phifer Learning Resources Center Room 120 1001 Burkemont Avenue Morganton, NC 28655	SA/Adult Care Home Wednesday March 5, 2008 SA/In-Home Thursday March 6, 2008

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Brenda Porter, SA Program Coordinator in the Central Office, and the Adult Programs Representatives will conduct the training.

Counties may register up to four (4) staff members for each workshop (space permitting) for the most convenient location. Each training site has capacity limits. The workshops will begin with registration at 8:30 a.m. and end by 4:30 p.m. Duplicate the attached registration form, as necessary, to allow each registrant to complete a form. For two-day events, registrants may register for one day only. All registrants will need to complete a separate form for each one-day workshop.

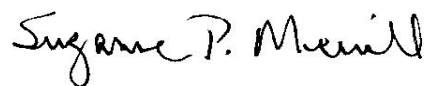
There is no registration fee; however, **pre-registration is required.** To ensure space availability at your chosen site, **please register at least 2 weeks prior to the date of your selected training event.** A completed registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, Adult Services Section, 2101 MSC, Raleigh, North Carolina, 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswlearn.org>

Should it be necessary to cancel or postpone any of these events due to inclement weather counties will be notified in advance.

Registrants should receive a confirmation letter within five business days of submitting the registration form, directions to the training site, and a site telephone contact number. Refreshments will not be provided; however, participants are welcome to bring their own snacks and beverages to the training event.

If you need additional information about the SA/Adult Care Home training, the SA In-Home Training or your registration, you may contact Monica Nealous at (919) 733-3818 ext. 247, or your Adult Programs Representative.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive style with a large, stylized 'S' and 'M'.

Suzanne P. Merrill, Chief
Adult Services Section

SPM:bp

AFS-17-2007

Attachment

Have you attended the prerequisites for this training event?
(For prerequisite information please refer to the training description)

☐ Yes ☐ No
☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):
() _____

Work Phone & Extension (please include area code):
() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box
(Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____